

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/070833** FILING DATE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	1				
4	1				
5	1				
6	5		1		
7	1				
8	1				
9	2		1		
10			1		
11		1			
12		1			
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TOTAL ID.		2			
TOTAL DEP.		12			
TOTAL CLAIMS		14			